## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/588653

| CLAIMS AS FILED - PART I                                                              |                                                |                                                                    |                                           |                                   |                                                    |                                   |                     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|-----------------------------------|----------------------------------------------------|-----------------------------------|---------------------|---------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES                                                              |                                                |                                                                    | (Column 1)                                |                                   | (Column 2)                                         |                                   | 7                   |                     |                        | 1  |                            | 1                      |
| 0.8                                                                                   | 6. NATIONAL                                    | STAGE FEES                                                         | <del></del>                               |                                   |                                                    | ·                                 | -                   | RATE                | FEE                    | ]  | RATE                       | FEE                    |
| BAS                                                                                   | SIC FEE                                        |                                                                    | SMALL ENT                                 | . = \$ 150                        | LARGE ENT. = \$ 300                                |                                   |                     | BASIC FEE           | 1500                   | OR | BASIC FEE                  |                        |
| EX.                                                                                   | AMINATION FE                                   | EE                                                                 | Satisfies PCT A<br>(4) = \$50             | /\$ 100                           | All other situations =<br>\$ 1 <u>0</u> 0 / \$ 200 |                                   |                     | EXAM. FEE           | 10000                  |    | EXAM. FEE                  |                        |
| SEA                                                                                   | ARCH FEE                                       |                                                                    | U.S. is ISA = \$ ALL other co \$ 200 / \$ | untries =                         |                                                    | ther situations = \$ 250 / \$ 500 |                     | SEARCH FEE          | 200°                   |    | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.                                                              |                                                |                                                                    | min                                       | us 100 =                          |                                                    | / 50 =                            |                     | X \$ 125 =          |                        | ĺ  | X \$ 250 =                 |                        |
| TO1                                                                                   | AL CHARGEA                                     | BLE CLAIMS                                                         | Homi                                      | nus 20 =                          | *                                                  | 4                                 |                     | X \$ 25 =           | 150 W                  | OR | X \$ 50 =                  |                        |
| INDI                                                                                  | EPENDENT CL                                    | AIMS                                                               | [ m                                       | ninus 3 =                         | *                                                  |                                   |                     | X \$ 100 =          | <i>A</i> A             | OR | X \$ 200 =                 |                        |
| MUL                                                                                   | TIPLE DEPEN                                    | DENT CLAIM PRI                                                     | ESENT                                     |                                   |                                                    | Ø                                 |                     | + \$ 180 =          | 180"                   | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column                |                                                |                                                                    |                                           |                                   |                                                    | olumn 2                           |                     | TOTAL               | 1800                   | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |                                                |                                                                    |                                           |                                   |                                                    |                                   | <b>.</b>            | SMALL ENTITY        |                        | OR | OTHER THAN SMALL ENTITY    |                        |
| AMENDMENT A                                                                           |                                                | CLAIMS REMAINING AFTER AMENDMENT                                   |                                           | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY                                       | PRESENT<br>EXTRA                  |                     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                                                  | Minus                                     | **                                |                                                    | =                                 |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|                                                                                       | Independent                                    | *                                                                  | Minus                                     | ***                               |                                                    | =                                 |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                    |                                           |                                   |                                                    |                                   |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|                                                                                       |                                                |                                                                    |                                           |                                   |                                                    |                                   |                     | TOTAL ADDIT.<br>FEE |                        | ÖR | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                |                                                                    |                                           |                                   |                                                    |                                   |                     |                     |                        |    |                            |                        |
| AT B                                                                                  |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          |                                           | HIGHE<br>NUME<br>PREVIO<br>PAID E | BER<br>USLY                                        | PRESENT<br>EXTRA                  |                     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                                                  | Minus                                     | **                                |                                                    | = .                               |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  | . ,                    |
|                                                                                       | Independent                                    | *                                                                  | Minus                                     | ***                               |                                                    | =                                 |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                    |                                           |                                   |                                                    |                                   |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|                                                                                       |                                                | <del>.</del>                                                       | _                                         | TOTAL ADDIT.<br>FEE               |                                                    | OR                                | TOTAL ADDIT.<br>FEE |                     |                        |    |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                |                                                                    |                                           |                                   |                                                    |                                   |                     |                     |                        |    |                            |                        |
| ***                                                                                   | If the "Highest Nu                             | mber Previously Pak<br>mber Previously Pak<br>nber Previously Paid | For IN THIS SP                            | ACE is less                       | than '3',                                          | , enter "3".                      | in the              | appropriate box     | in column 1.           |    |                            |                        |